DATELIE ADD		DETERMINATION	
DATEST ADD	I IMATIMAL CEE	RETERMINISTICAL	DECADA
PAICHLAPP		THE PRIMARILIA	REL. 1811
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Effective October 1, 2000

Application or Docket Numb r

19919009

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL TYPE	ENTI	īΥ	OR	OTHER SMALL			
ТО	TAL CLAIMS		39				RATE	36	EE .		RATE	FEE
FOR		The second second		ER EXTRA	BASIC F		55.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			35 - minus 20= 1 / 9		X\$ 9	24 (1) 24 (8)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	OR	X\$18=	342		
INDEPENDENT CLAIMS			√- mi	nus 3 =	**************************************		X40=	. 文 (5.5 (4) (5.7)		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			OR	+270=	00
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA				TOTAL	,	
CLAIMS AS AMENDED - PART II									J	OTHER	THAN	
	્રામાં . વર્તાના	(Column 1)		(Colu	mn 2)	(Column 3)	SMAL	L EN	<b>FITY</b>	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IBER OUSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE	*	RATE	ADDI- TIONAL FEE
VDME	Total	AMENDMENT	Minus	PAID	run	=	X\$ 9=	A.		OR	X\$18=	FEE
ME	Independent		Minus	***		=	X40=			OR	X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	T CLAIM		Service of the servic	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		3.	+270=	
	e e e e e e e e e e e e e e e e e e e						+135= TOT		. • .	OR	+270= TOTAL	
	. *						ADDIT. FI			OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colu	mn 2) ÆST	(Column 3)		ė.				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA	RATE	TIC	DDI- DNAL EEE	,	RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		=	X40=			OR	X80=	
L		NTATION OF M	JLTIPLE DEI	PENDEN	F CLAIM		+135=	.			+270=	
	;						TOT/			OR	TOTAL	
							ADDIT. FE		·	OR	ADDIT. FEE	
		(Column 1)_ CLAIMS			mn 2) IEST	(Column 3)		<u>.</u>				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=	ï
	Independent	*	Minus	***		=	X40=	1		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		105	1			1270-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						+135=			OR	+270= TOTAL		
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												